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3. Process Medicaid provider claims for the administration fee.
4. Produce MDSS monthly occurrence report displaying the number of doses of DTP, OPV, and MMR vaccines given to Medicaid eligible recipients with the county areas and recipient age noted.
5. Audit participating Medicaid providers as indicated in the State Plan.
6. Expenditures for vaccine replacement doses given to Medicaid eligible recipients will be charged to the MDSS Medicaid Physician account. The formula for reimbursing the vaccine replacement dose consists of the per dose product cost plus 5% of that cost for spoilage plus one dollar for the local health department dispensing fee.
 - a. Reimburse a local health department dispensing fee of \$1.00 per dose. The dispensing fee is based upon the number of doses of DTP, OPV and MMR vaccines billed by Medicaid providers for immunizing Medicaid eligible recipients, as identified on the MDSS monthly occurrence report for each quarter. The dispensing fee is provided to reimburse the local health department for its costs associated with the vaccine replacement program.

Upon execution of this contract, MDPH will submit and MDSS will approve an inter-account bill for the dispensing fee for the first quarter of the contract based on the number of occurrences for OPV, MMR, and DTP from the quarter prior to implementation of this program. Subsequent to the first quarter MDPH billing, MDSS will approve an MDPH inter-account bill on a quarterly basis for the local health department dispensing fee as determined by the number of occurrences for OPV, MMR, and DTP identified on the MDSS monthly occurrence report from the previous quarter.

- b. Upon execution of this contract, MDPH will submit and MDSS will approve an inter-account bill for the total estimated 5% vaccine spoilage for the period April 1, 1987 to September 30, 1987, based on the number of occurrences for OPV, MMR, and DTP identified on the MDSS monthly occurrence report for the same period in FY 85/86.
 - c. MDPH will submit and MDSS will approve an inter-account bill on a quarterly basis for replacement doses of OPV and MMR vaccines through the Federal Vaccine Contract and for MDPH produced DTP vaccine for doses billed by the Medicaid provider for immunizing Medicaid eligible recipients, as determined by the number of doses identified on the MDSS monthly occurrence report for the previous quarter.
 - d. Final inter-account billings are to be submitted by MDPH no later than 30 days after the end of the State's fiscal year

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for adjustment of any MDSS overpayment or underpayment that occurs for vaccine replacement costs (local health department dispensing fee and the spoilage fee) during the fiscal year.


7. DSS shall process and reimburse Medicaid provider claims for the vaccine administration fee with expenditures charged to the MDSS Practitioner account.
8. Annually consult with MDPH regarding the functioning of the vaccine replacement program, including necessary amendments to this agreement.
9. Participate in meetings related to the vaccine replacement program at the local, state, and federal levels.

PUBLIC HEALTH WILL:

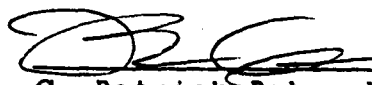
1. Purchase the Medicaid supply of OPV and MMR vaccines from the manufacturer using the option clause of the Federal vaccine contract.
2. Produce the Medicaid supply of DTP vaccine.
3. Maintain a central inventory of DTP, OPV and MMR vaccines.
4. Distribute DTP, OPV and MMR vaccines to local health departments for distribution to Medicaid providers on a dose replacement basis.
5. Contract with local health departments to distribute DTP, OPV and MMR replacement vaccines to Medicaid providers, and/or their agents, upon obtaining annually signed physician certification forms with physician intent (i.e., local health departments where providers will obtain the vaccine) noted and upon receipt of the MDPH vaccine (DTP, OPV and MMR) accounting forms, following which the local health department is to distribute the vaccine consent and accounting forms to participating Medicaid providers.
6. Provide that all vaccine accounting forms received by local health departments and production costs for vaccine replacement be retained for a minimum of six years or until an audit of these records has been completed by authorized State and Federal officials.
7. Accumulate, review and summarize the MDPH monthly biologic reports from local health departments and submit reports reflecting vaccine dose administration for Medicaid recipients to MDSS under columns (9), (10), & (11).
8. Replace all doses of vaccines distributed to Medicaid providers by local health departments in return for properly executed vaccine accounting forms, monthly biologic reports and request for biologic products forms from local health departments.

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9. Provide local health departments reimbursement of a dispensing fee of \$1.00 per dose, based upon the number of doses of DTP, OPV, and MMR vaccines billed by Medicaid providers for immunizing Medicaid eligible recipients, as identified on the MDSS monthly occurrence reports.
10. Generate quarterly inter-account billings to MDSS for costs incurred in Item 6 under "SOCIAL SERVICES WILL".
11. Maintain necessary files at State and local health department levels to ensure continuity of program responsibility.
12. Periodically audit all local health department accounts related to the distribution of DTP, OPV, and MMR vaccines to Medicaid providers for immunizing Medicaid eligible recipients.
13. Respond to inquiries from local health departments.
14. Annually consult with, and obtain continuing approval from, the MDSS with respect to the functioning of the vaccine replacement program, including necessary amendments to this agreement.
15. Participate in meetings related to the vaccine replacement program at the local, state, and federal levels.
16. Assume financial responsibility for vaccine replacement doses requested from Medicaid providers that exceed the amount indicated in the MDSS monthly occurrence reports.



Gloria R. Smith, Ph.D., M.P.H.,
F.A.A.N.
Director
Mi. Dept. of Public Health

Date


C. Patrick Babcock
Director
Mi. Dept. of Social Services

Date

RECOMMENDED BY:


3-17-87
Date

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**ADDENDUM K TO THE CONTRACT BETWEEN
THE MICHIGAN DEPARTMENT OF SOCIAL SERVICES
AND
THE MICHIGAN DEPARTMENT OF PUBLIC HEALTH
(OCTOBER 1, 1992 - SEPTEMBER 30, 1994)**

This addendum sets forth the responsibilities of the Michigan Department of Social Services (MDSS) and the Michigan Department of Public Health (MDPH) relative to the Maternal Support Services (MSS) program established on a statewide basis for Medicaid recipients. Public Health's responsibility is to certify for Social Services the agencies that wish to become maternal support services providers and that meet program standards to insure thereby that recipients receive effective and quality service. Social Services' responsibility under this agreement is to reimburse the costs which Public Health incurs to discharge its MSS responsibility and to support Public Health in carrying out its MSS contract.

The Maternal Support Services program was established November 1, 1987, as a preventive health interdisciplinary effort to improve the pregnancy outcomes of Medicaid eligible women, and accordingly to reduce the infant mortality rate occurring in Michigan. Effective January 1, 1993, the program will be extended to serve children, and especially infants. The extension is referred to as Infant Support Services (ISS). The MSS/ISS program is an interdisciplinary effort which consists of professional community nursing, nutritional and psychosocial needs assessment and related services, combined with ancillary and transportation services. These services are targeted toward women and young children considered to be at psychosocial and/or nutritional risk by their prenatal care or primary care provider and referred for MSS and/or ISS. The women and children are eligible for services under Michigan's Medical Assistance Program (Medicaid).

A statewide quality assurance system is hereby developed and implemented for Maternal and Infant Support Services program. The objective of such a system is to assess and certify MSS and/or ISS provider-applicants on an ongoing basis, to assure that every certified provider understands program objectives and meets the standards of quality care.

Responsibilities:

PUBLIC HEALTH WILL:

1. Operate a certification process for provider applications submitted by interested agencies to MDSS or MDPH.
2. Upon review of the written application, notify MDSS in writing of interim certification status of agencies whose applications are deemed satisfactory, so MDSS can enroll them in the Medicaid program.
3. Contact these interim certified agencies to schedule and perform a site visit to verify that the agency is providing all services required by the MSS and/or ISS program in the manner described in the Medicaid Program Policy Manual.
4. Develop and maintain a site visit tool for certification/recertification of agencies.
5. Conduct a certification site visit with each of these agencies.

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6. Complete within thirty (30) calendar days the certification site visit report for each agency and forward a copy to MDSS.
7. Place the screened agency into one of three certification statuses: full (three years) certification, temporary (six months) certification or decertified. The "full" certification status will remain effective for three years, unless the agency is non-compliant with program policies and procedures. Reasons for decertification include an agency not maintaining qualified staff or not providing the full range of maternal and/or infant support services as needed.
9. Advise MDSS of an agency's decertification status within 15 calendar days to enable MDSS to take appropriate actions regarding the agency's Medicaid provider status.
10. Initiate and perform a second site visit to agencies placed on "temporary" status to assure a corrective action plan has been implemented and deficiencies are satisfactorily addressed. An agency which does not correct its deficiencies during its "temporary" period, may be placed by MDPH into "decertification" status.
11. Develop policy and procedures for granting staffing waivers to certified providers.
12. Review agency requests for waivers to program standard staffing qualifications, apply developed criteria, and notify applicant agency in writing within thirty (30) calendar days of the approval or denial of their requests. Forward a copy of waiver determination letter to MDSS.
13. Inform agencies, when appropriate, of their right to appeal MDPH's certification determination.
14. Initiate within fifteen (15) calendar days after receipt of any appeal, an appeals process to reassess the agency's fitness as an MSS and/or ISS provider.
15. Inform the agency and MDSS of the outcomes of any appeals process/hearing.
16. Submit to MDSS's MSS and ISS liaison, quarterly reports compiling the status of MSS and ISS certified agencies including, by quarter and year-to-date, the number of provider applications received, approved, and the number of agencies recertified.
17. Meet periodically (at least quarterly) with MDSS liaison to provide an update of any certification inquiries or issues brought to attention by MSS and/or ISS providers.
18. Forward for response to the MDSS liaison, written or verbal provider inquiries regarding Medicaid policy or billing. Respond directly only to provider issues regarding MSS and ISS certification.
19. Maintain accurate fiscal records for all expenditures incurred in the implementation of this contract. Submit quarterly reports to MDSS Accounting and MSS and ISS liaison of applicable expenditures to carry out this contract. On an annual basis, forward to MDSS the cost of seven (7) MDPH FTEs and related cost required to execute this contract.

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20. Provide access to authorized representatives of MDSS, the Auditor General, Federal Grantor agency, Comptroller General of the United States, Health Care Financing Administration, or any duly authorized representatives, to all documentation related to this agreement.
21. Designate a MDPH staff member to serve as a liaison with MDSS to coordinate interdepartmental MSS and ISS activities and issue resolutions.
22. Consult with MDSS staff liaison prior to publishing any MDPH communications that will have direct impact on the MSS program.

SOCIAL SERVICES WILL:

1. Assure that outreach services are provided at the local level, at a minimum as part of the recipient eligibility intake/application process.
2. Recruit new MSS and/or ISS providers and inform newly certified Medicaid providers of the MSS and ISS Program.
3. Develop and circulate publicity of the MSS and ISS program to increase client and provider participation and facilitate clients access to early prenatal care.
4. Enroll promptly into its Medical Assistance (Medicaid) Program all provider applicants who are certified by MDPH to be MSS and/or ISS providers.
5. Upon receipt of notification from MDPH of "decertification" status being given to an agency, take the appropriate actions to make the agency ineligible for reimbursement of further MSS and/or ISS.
6. Provide appropriate reimbursement to certified MSS and/or ISS agencies. Notify the MDPH staff liaison regarding changes in reimbursement rates.
7. Provide technical assistance and periodic training to all certified MSS and ISS providers and MDPH staff regarding program policies and billing procedures.
8. Notify MDPH if/when provider becomes ineligible to provide Medicaid services, so a decertification notice can be issued, and current MSS and ISS clients can be transferred to another certified MSS and/or ISS provider, to assure continuity of care.
9. Provide the MDPH liaison a quarterly report indicating program expenditures, by procedure code, for maternal and infant support services.
10. Provide federal Title XIX funds to MDPH to cover costs of rendering provider certification services under this agreement. Such funds, in combination with the non-federal funds, will cover the costs of seven (7) FTEs and related costs for necessary equipment, transportation, meetings, and materials.
11. Designate a staff member to serve as a liaison with MDPH to coordinate interdepartmental activities and issue resolutions.

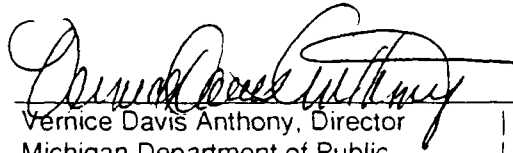
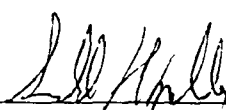
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12. Consult with MDPH liaison in advance on all proposed MDSS Bulletins containing policy information or changes which may impact upon the implementation of MSS and/or ISS.

	
Vernice Davis Anthony, Director Michigan Department of Public Public Health	Gerald Miller, Director Michigan Department of Social Services
Date: SEP 15 1993	Date: 9-20-93

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**ADDENDUM L TO THE CONTRACT BETWEEN
THE MICHIGAN DEPARTMENT OF SOCIAL SERVICES
AND
THE MICHIGAN DEPARTMENT OF PUBLIC HEALTH
(OCTOBER 1, 1992 - SEPTEMBER 30, 1994)**

This addendum sets forth the responsibilities of the Michigan Department of Social Services (MDSS) and Michigan Department of Public Health (MDPH) relative to special activities designed to assist and serve Medicaid eligible pregnant women, infants and children so the outcome of pregnancy will be positive and infant deaths and morbidity thereby reduced. Recognizing that the Medicaid infant mortality rate is unacceptably high and that the number of Medicaid eligible pregnant women is increasing due to recently expanded state eligibility standards, the state is implementing special outreach and administrative activities targeted for Medicaid eligible pregnant women and infants. The role of MDPH is to assist MDSS in serving Medicaid recipients; the role of MDSS is to reimburse, and otherwise support, MDPH for its Medicaid related activities.

Responsibilities:

PUBLIC HEALTH WILL:

1. Contract with local health departments and other agencies to outreach Medicaid eligible pregnant women to advise them of available prenatal care and other necessary health services, to encourage and coordinate their use of needed prenatal and postpartum health care services, to assist them in removing barriers to service, to assist them in locating service providers and in completing Medicaid recipient applications, where applicable. Outreach will include:
 - Maternal and Infant Health Advocacy Services
 - Public information/media activities aimed at Medicaid eligible pregnant women
 - Statewide hotline to direct Medicaid recipients to available care and otherwise to assist with problems which may impede timely receipt of needed medical services.
2. Outreach families of Medicaid eligible infants and children and assist them in becoming enrolled in the Medicaid Program.
3. Monitor at the community level Medicaid provider participation particularly relative to prenatal care and delivery services. Work with providers to encourage their participation in the Medicaid Program and, as necessary, work to assemble community resources sufficient to make available medical services for Medicaid eligibles.
4. Utilize the "Source of Payment" field on state birth certificates to determine the extent to which Medicaid eligibles are represented in the state's infant mortality statistics, perform related computer work and analyses. Continue data collection from local health departments on Prenatal Information Form (PIF) and Infant Information Form (IIF) systems to monitor service delivery to Medicaid eligible pregnant women and infants. On a quarterly basis, beginning from April 1, 1993, provide MDSS a report on data collected on both of the above activities.
5. Both the Departments of Public Health and Social Services recognize the value in sharing information to address the problem of infant mortality. Within that context, and within the constraints of Federal and state confidentiality requirements, the Departments will work together to resolve the issue of sharing of Medicaid birth data with the Department of Public Health, and will make maximum efforts to share information for the mutual resolution of this problem.

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6. Target health education and advocacy activities to pregnant women and infants living in migrant camps.
7. Protect the confidentiality of Social Services recipient information according to generally accepted professional standards and in accordance with federal regulations at 42 CFR 431.300-307.
8. Provide MDSS with related program reports and statistics as mutually agreed upon, include a report due April 1, 1993, which describes and summarizes outreach activities, of the maternal and infant health advocates and migrant teams/workers.
9. Maintain accurate fiscal records for all expenditures incurred in the implementation of this agreement.
10. Submit quarterly reports of applicable expenditures to MDSS. These shall include the number of state FTE's and expenditures of both the state and local health departments for staff and related support costs to carry out the activities of this agreement.
11. Provide access to authorized representatives of Social Services, the Auditor General, Health Care Financing Administration, Comptroller General of the United States, or any duly authorized representative, to all documentation related to this agreement in accordance with federal regulations at 42 CFR 431.300-307.
12. Designate a staff member to serve as liaison with MDSS to coordinate related interdepartmental activities.
13. Provide local health agencies with program consultation, administrative support and assistance with quality assurance issues.
14. Expenditures under this agreement shall be limited to the GF-GP appropriations for this purpose in the Department of Public Health budget. For FY 1993, that amount is \$3,190,000 GR-GP. Any enacted appropriations, enacted supplementals or approved appropriations transfers for this purpose will automatically be incorporated into this agreement.
15. Assist MDSS in developing capacity for substance abuse treatment services for pregnant women and provide consultation to local agencies to develop effective referral and service relationships with substance abuse treatment programs.

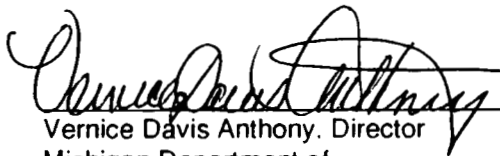
SOCIAL SERVICES WILL:


1. Assist MDPH in discharging the Public Health responsibilities detailed above.
2. Work cooperatively to maximize Public Health's assistance with the Medicaid application process. Close coordination of activities will be especially necessary at the local level.
3. Set Medicaid fee screens at 115 percent for selected prenatal care and delivery procedure codes for services provided by Title V agencies, pursuant to Medicaid Regulations at 431.615(c)(4). The affected codes are: 59410, 59420, 59515, X4850, X4853, X4854, X4855.

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4. Designate a staff member to serve as liaison with MDPH to coordinate related interdepartmental activities and to resolve issues which arise.
5. Consult with MDPH relative to Medicaid infant mortality reduction initiatives, policies and programs.
6. Consult with MDPH, in advance, on all proposed policies which may affect MDSS infant mortality reduction initiatives.
7. Provide MDPH the Title XIX matching funds for actual costs incurred in discharging the administrative duties detailed above, as mutually agreed to.
8. Provide a minimum of two training sessions at two locations for local health agencies on processing MICH-Care applications.


Vernice Davis Anthony, Director
Michigan Department of
Public Health


Gerald H. Miller, Director
Michigan Department of
Social Services

Date: **SEP 15 1993**

Date: **9-20-93**

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